

## CHAPTER 13

### SECTION 11.6

# PROGRAM FOR PERSONS WITH DISABILITIES (PFPWD): COST-SHARES AND DEDUCTIBLES

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Authority: [32 CFR 199.5\(e\)](#)

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#### I. ISSUE

Application of deductible and cost-share amounts for Program for Persons with Disabilities (formerly known as Program for the Handicapped) benefits.

#### II. POLICY

A. No deductible amount applies. PFPWD allowable amounts are not subject to a deductible amount.

B. Sponsor/beneficiary cost-share amount. The sponsor/beneficiary PFPWD benefit cost-share in a given month is according to the sponsor's pay grade as specified below regardless of the number of PFPWD approved dependents of that same sponsor:

SPONSOR PAY GRADE	SPONSOR COST-SHARE AMOUNT
E-1 through E-5	\$25
E-6	30
E-7 and O-1	35
E-8 and O-2	40
E-9, W-1, W-2, and O-3	45
W-3, W-4, and O-4	50
O-5	65
O-6	75
O-7	100
O-8	150
O-9	200
O-10	250

C. Monthly cost-share amount for a sponsor with one PFPWD approved family member. The TRICARE share of the cost of any benefits provided to a single beneficiary who is the sponsor's only PFPWD approved family member may not exceed \$1,000 per month.

D. Any amount in excess of the \$1,000 benefit cost-share limit, plus the appropriate amount shown in the table under [paragraph II.B.](#) are the responsibility of the sponsor/beneficiary.

E. Monthly cost-share amount for a sponsor with two or more PFPWD approved family members.

1. The \$1,000 PFPWD benefit limit shall apply only to the PFPWD beneficiary incurring the least amount of allowable PFPWD expense in a given month.

2. All other PFPWD approved family members of the sponsor claiming PFPWD benefits in a given month are eligible to receive reimbursement in excess of \$1,000 in a given month for otherwise authorized PFPWD services or items received in that month.

3. When all PFPWD approved family members incur the exact same amount of allowable PFPWD expense in any given month, the \$1,000 PFPWD benefit limit shall apply to the oldest family member as determined in accordance with [OPM Part Two, Chapter 12, Section II.A.7.](#)

### III. EXCLUSION

Therapeutic absences from an inpatient facility are excluded.

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